From:

SIGNATURE:

2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 27, 2006 8:00 am Secretary of State **DOCUMENT # L03000008605** 04-27-2006 90022 045 ****50 00 1. Entity Name RVD, LLC Principal Place of Business Mailing Address 1240 W. 13TH STREET BUILDING 2 1240 W. 13TH STREET BUILDING 2 WEST PALM BEACH, FL 33404 WEST PALM BEACH, FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 04172006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 90-0168730 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUME, VICTORIA Street Address (P.O. Box Number is Not Acceptable) 1240 W. 13TH STREET BUILDING 2 WEST PALM BEACH, FL 33404 8. The above named whity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of SIGNATURE (NOTE: Registered Agent signature required when reinstalting) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES g. KOK MGR Change HILE ☐ Delete TITLE Addition HOZER, SAMUEL ROBER BUILD URST BABOLOGE WEST PAIN BEACH, FL MAZER, ROBERT NAME NAME 3000 LE BATEAU DRIVE STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33410 CITY-ST-24P CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHEY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-57-ZIP CITY-ST-ZIP Delete TILE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CTY-ST-ZIP CITY-ST-ZIP Change Delete Addition TITLE fffi F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ■ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CFTY - ST- 74P 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED